

**WITHDRAWAL**

JD-CV-41 Rev. 1-18

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

**STATE OF CONNECTICUT  
SUPERIOR COURT**[www.jud.ct.gov](http://www.jud.ct.gov)

Docket number

**FST-CV16-6028725**

Return date (For Civil and Housing cases only)

Answer date (For Small Claims cases only)

**Instructions:**

1. Complete this form by selecting any applicable withdrawal categories below.
2. File with the clerk.

Name of case (First-named Plaintiff vs. First-named Defendant)

**SAMANTHA MENH V. AUGUSTA WOLF, ET AL**☒ Judicial District☐ Housing Session

Address of court (Number, street, town and zip code)

**123 Hoyt Street, Stamford, CT 06905****Dispositive (Complete) Withdrawal**

(Do not check the following two boxes if any intervening complaints, cross complaints, counterclaims, or third party complaints remain pending in this case. See below for partial withdrawal of action.)

(WDACT) ☐ The Plaintiff's action is WITHDRAWN AS TO ALL DEFENDANTS without costs to any party.(WOARD) ☐ A judgment has been rendered against the following Defendant(s):

and the Plaintiff's action is WITHDRAWN AS TO ALL REMAINING DEFENDANTS without costs.

**Partial Withdrawal****The following pleading(s), motion(s) or other paper(s) in the case named above is or are withdrawn:**(WDCOMP) ☐ Complaint(WAPPCOM) ☐ Apportionment Complaint(WOC) ☐ Counterclaim(WDINTCO) ☐ Intervening Complaint(WDCC) ☐ Cross Complaint (cross claim)(WDTHPC) ☐ Third Party Complaint(WDCOUNT) ☐ Counts of the complaint: \_\_\_\_\_(WOAAP) ☐ Plaintiff(s): \_\_\_\_\_(WOAAD) ☒ Complaint against defendant(s): **August Wolf**

\_\_\_\_\_ only without costs

(WOM) ☐ Motion: \_\_\_\_\_☐ Other: \_\_\_\_\_**Signature of Filer(s)**Party **Samantha Menh**; By **Gary Phelan**

Attorney or Self-represented party

Party \_\_\_\_\_

; By \_\_\_\_\_

Attorney or Self-represented party

Party \_\_\_\_\_

; By \_\_\_\_\_

Attorney or Self-represented party

Party \_\_\_\_\_

; By \_\_\_\_\_

Attorney or Self-represented party

**Name & Address of Filer(s):****Gary Phelan****Mitchell & Sheahan, PC, 999 Oronoque Lane, Suite 203, Stratford, CT 06614****Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) **10/19/2022** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to\*

**John Williams  
51 Elm Street, Suite 409  
New Haven, CT 06510****For Court Use Only**

\*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.

Signed (Signature of filer)

Print or type name of person signing

Date signed

**Gary Phelan****10/19/2022**

Mailing address (Number, street, town, state and zip code)

**Mitchell & Sheahan, PC, 999 Oronoque Lane, Suite 203, Stratford, CT 06614**

Telephone number

**203-873-0240**